A Guide to Creating a Local Health Services and Community Asset Directory

Creating a directory of local health services and community assets provides multiple benefits to local residents, health service providers, and community health organizations. It helps to make local residents aware of the services available, and thus more likely to utilize these services. This benefits both the local residents and the local providers. It also makes it more convenient for residents to find these services in a quick and easy fashion. Furthermore, a local health services/community asset directory can be useful as well from the standpoint of performing Community Health Needs Assessments (CHNA) as required of certain hospital entities by the federal Affordable Care Act, and Community Health Assessments (CHA), as required for health departments preparing to apply for national accreditation through the Public Health Accreditation Board (PHAB). In conducting a CHA/CHNA, the directory can be used to determine what services could potentially strengthen the local health system. This is often referred to as a "gap analysis." It can contribute to helping identify community priorities for collective action.

Following are some general considerations in the creation of a useful health services directory.

Who will do it?

Gathering all of the data that could be included in a health services directory is a large task. Probably the best approach is for an organization to divide the task. One person could gather and verify information for local health service providers, while another person could take on the task of organizing and designing the layout of the directory. Finally, someone should be available to do a final check of the accuracy of the information and check that any Internet links provided are current.

Who will update it?

Almost as soon as the directory is completed, things will change. Providers retire. New businesses open and new programs and services will be offered or eliminated. It's a good idea to have some individual clearly identified together with contact information to collect and save any changes reported. If the directory is offered online in electronic format, a link to an e-mail address can be provided for people to report changes. The maintenance of the directory is something that will require updating every year (or even more frequently) to retain its utility.

What will be the geographic coverage?

A fundamental question that needs to be answered is what will be the geographic coverage of the providers and services included. Many will argue that the purpose of the directory is to support and promote local providers, not to send residents to the next county. Others will recognize that many rural communities cannot support all needed services, and that to be useful the directory should include all the services and providers people actually need and use.

A balance might be found by combining both perspectives. An extended listing of local hospital or health department services might be included. However, mental health assistance services are most commonly only available from regional providers. Given the importance of such assistance, it's best to include them.

What will be the scope of services?

It is quite easy to envision a project that is so comprehensive in its scope that it soon grows to an unmanageable scale. It's one thing to catalog local medical services and other useful local health-related resources. Consideration may be given to including a listing of services by local providers. It is a good idea that this be applied to the local hospital and health department, because few will be aware of the full range of services available. From there, it's a matter of judgment whether to list all of the services available from the local dentist or optometrist, for example, or whether that is considered self-evident.

Another thought worth considering relates to access. In many communities, there is concern about needy households' ability to access services. Not all service providers accept Medicaid patients, for example. It may be quite helpful to include an affirmative statement for a given provider that, "Clients with public assistance are welcome."

When the task extends to cataloging state services, national organizations, and Internet-based resources, it can become an overwhelming job. Setting a goal of comprehensiveness too high risks that the project will never be repeated. So, it's best to be realistic in what will be supported rather than an ideal that will never be completed or replicated.

How will information be gathered?

There are numerous places to start gathering information that may be included in the directory. An internet search for keywords of interest is probably the best starting point. From there, soliciting pamphlets, directories, and other resources available from the local hospital, health department, library and schools is a good next step. It is important to recognize, however, just because something appears on the Internet or in a directory, does not make it correct. In fact, it is guaranteed to be wrong unless it can be verified.

How will it be made available?

Finally, a decision must be made regarding whether to print the directory or make it available in an electronic form only. It's not uncommon for a hospital to sponsor printing a limited number of copies of a booklet form of the directory and give them away at the annual community health fair.

While it is possible that one design can be used for both print and electronic distribution, consideration might be warranted to choosing one over the other to maximize the attributes of the medium used. For example, in electronic-only form, it becomes possible to make extensive use of hypertext for notes and definitions in addition to including hyperlinks to related resources.

KANSAS HEALTH MATTERS PARTNERSHIP

TEMPLATE

Local Health Services and Community Assets Directory

XYZ County

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Purpose and Thanks
(Identification of organizations and sponsors responsible)

Local Contact Information
(For updating directory information)

Emergency Numbers
(Police/Sheriff, Fire, Ambulance)

Non-Emergency Numbers

(Police/Sheriff, Fire - non-emergency)

Municipal Non-Emergency Numbers

(Police/Sheriff, Fire - non-emergency by community)

Other Emergency Numbers

(Hotlines for poison, sexual assault, suicide prevention, abuse, etc.)

Hospital and Health Department Services

Hospitals

Services Detail

Health Department

Services Detail

Health Services/Community Assets

(list alphabetically by organization type)

Suggested format:

Organization Type

  Name of Organization 1
  Contact Person
  Address
  Phone Number
  E-mail address

  Name of Organization 2
  Contact Person
  Address
  Phone Number
  E-mail address

Etc.

Suggestions for types of organizations to include:

Abuse
Adult Protection
Alcohol
Assisted Living
Child Care
Children
Chiropractors
Clinics
Counseling
Deaf/Hard of Hearing
Dentists
Disability
Domestic Violence
Drug
Environment
Eye Doctor
Fitness
Food
Funeral
Gambling
Government
Head Start
Health Care Providers
Health Department
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Senior
Smoking Cessation
SNAP
Social Security
Suicide
Support Groups
TANF
Transportation
Veterans
Veterinary
Violence
Weatherization
Welfare
Youth